Referral Form Date: Referring Agency: ______ Referring Staff: _____. Address to be abated? Total number of units? Is it different from the owners? ______ yes _____ no (if yes please write address below) CHECK ONE Owner-occupied? _____ Investor-owned? _____ Owner's Name: Owner's Name: _____ (Home) _____ (Cellphone) Owner's Email: Is an interpreter needed? ______ yes _____ no If yes what language? Participant Demographics (Please check all that apply) ***** THIS IS OPTIONAL ***** **Race:** \square Asian **Ethnicity:** ☐ Albanian □ Iraqi □ Albanıan□ Burundian ☐ Black/African American □ Kenyan ☐ Latino/Hispanic ☐ Bhutanese ☐ Liberian ☐ Native American □ Brazilian ☐ Mexican □ White ☐ Central American ☐ Puerto Rican \square Other ☐ Chinese □ Russian ☐ Unknown/Not Specified □ Dominican ☐ Somali ☐ Ghanaian ☐ South American ☐ Vietnamese ☐ Haitian □ Indian □Other Is the property currently occupied? (please check one) _____ all of units are occupied _____ some of units are occupied (please list them) Are there are children living at the property that are under the age of 6? yes no PLEASE EMAIL THIS FORM TO: TO: Kaleena - harringtonkj@worcesterma.gov or/ Tim - hansent@worcesterma.gov CC: Koby - ehj@recworcester.org *For further information please contact Kaleena or Tim at (508) 799-1400 ext 225 or 253* Any additional information you would like to tell us about this property:

Worcester Lead Abatement Program (WLAP)